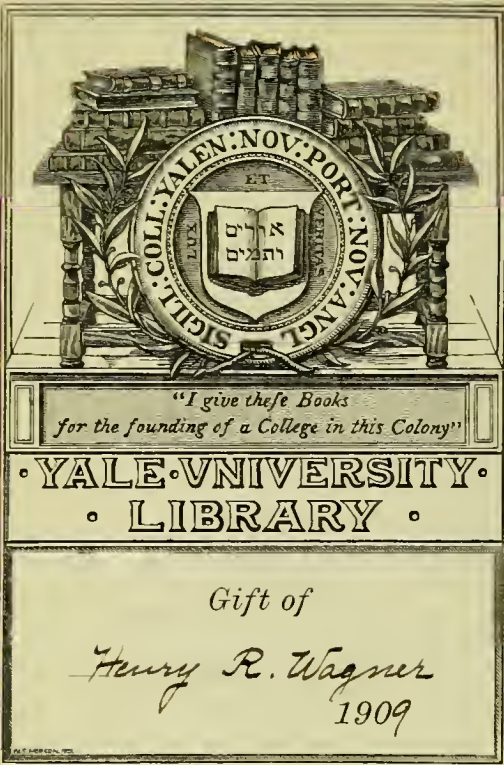


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State care of the Insane.

F. B. Sanborn.



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STATE CARE OF THE INSANE.

TRUE AND FALSE CARE.

A REMONSTRANCE IN THE NAME OF THE INSANE
POOR AGAINST CROWDING THEM INTO
HOSPITAL PALACES OR ASYLUM
PRISONS.

BY

F. B. SANBORN, OF CONCORD.

Concord? Mass
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A REMONSTRANCE IN THE NAME OF THE INSANE POOR AGAINST
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BY F. B. SANEORN, OF CONCORD.

Gentlemen of the Legislative Committee on Public Charities:—

I listened with interest the other day to a statement by Mr. Lee of the work which should be undertaken by a Board of State Charities. Some of the manifold duties which he wishes to impose on mere mortals, acting under statutes drawn by fallible men, seemed to me more suitable for angelic beings, combining superhuman wisdom with celestial humility; others appeared to be a task for universities, endowed by private wealth, rather than inquiries pursued at the expense of taxpayers, and in the name of a Commonwealth which appoints its public servants rather for practical administration than for speculative researches. But so far as his picture came within the scope of things needful and practical, he was drawing the portrait of a gentleman who served for nine years at the head of our first Board of State Charities (the late Dr. Howe), well known in both hemispheres for his intimate acquaintance with the theory and the practice of charity, whether extended to the blind, the deaf, the insane, the neglected child or the pauper. And I will take for the text of these remarks a short passage, written 30 years ago by Dr. Howe as Chairman of the State Board, in his annual Report (Pub. Doc. No. 17, 1868), and signed also by the late Drs. Allen and Wheelwright, Judges Warren and Blaisdell, Edward Earle of Worcester, and myself:

“We have now to face three facts: (1) that Insanity is on the increase in the class most likely to become dependent; (2) that more public provision will soon be needed; (3) *that such provision ought not to be made by building up more great hospitals, or aggregating the insane in masses.*”

These facts still confront us, and with immensely increased

force now; and they are in diametric opposition to the recommendations of the Commission of 1896, and the bill presented here recently by the salaried officers of the Overseers of the Poor. When we presented the Report just cited, in February 1868, the visible insane of Massachusetts did not exceed 3,000, and their average number was about 2,200 under public care. Thirty years have passed; the state population has hardly doubled (from 1,350,000 to 2,650,000),—yet the visible insane now number 8,500, and the average number under public care was last year about 7,500. That is, our sane people have almost doubled and our insane have trebled in thirty years. Moreover, our two largest hospitals in 1868 (Northampton and Worcester) contained each but 400 insane; today, we have five more hospitals and asylums belonging to the state,—none of the nine has less than 300 insane, six of them have more than 500, four more than 700, and two of them nearly 1,000 each. It will therefore be seen that “aggregating the insane in masses” has not checked their increase, but has greatly promoted it; and yet doctors and lawyers and charitable women, and the State Board of Lunacy come forward with a plan for crowding our huge hospital-palaces and asylum-prisons still more with the incurable insane,—for that is what this specious plan of “State care” practically amounts to.

Now what has thus far been the result of this policy of congregating the insane, instead of separating them, as Dr. Howe recommended?

I. It has cost the state and the endowed charities \$6,000,000 for mere asylum-buildings and furniture, in thirty years, or \$200,000 a year by average, and at the rate of \$1,250 for each patient so housed.

II. It has diminished the number of recoveries, instead of increasing them,—as we are now told this new plan will do, and as we were told by an eager phalanx of doctors, 20 and 30 years ago, the building of the palaces at Danvers and Worcester must infallibly do. In the year 1865, when I first began to observe and report the recoveries, there were 281 recoveries reported among about 2,000 patients in hospitals; some 14 per cent.; in 1867, 375 recoveries among 2,600 patients,—16 per cent.; in 1871, 430 recoveries among 3,050 patients,—14 per cent. But in 1897, among 8,300 patients in hospitals, asylums and families, only 432 are reported as recovered,—less than 6 per cent. Ten years ago I collected and published the first admissions, and recoveries upon discharge, of 1,975 out of 8,780 patients in the eight years, 1880–1887,—22, 6 per cent. of the whole. In the ten subsequent years, this percentage fell to 21, for the whole period,—and for the single year 1897, out of 1,775 discharged from first admissions, only 304 recovered,—17 $\frac{1}{8}$ per cent. This last calculation, (the surest test of recoveries) shows a decrease of recoveries in ten years of 5 $\frac{1}{2}$ per cent., or one-quarter of the whole number. I do not say that this failure to cure in recent years is wholly due to the massing of

our insane in great hospitals,—there have been other causes,—but I do say that this condition has powerfully contributed to prevent recovery, and will continue so to do.

III. Consequent upon this failure to make recoveries, the increase of the insane has become much greater than formerly, and now amounts to more than 300 a year, of whom the very great majority are settled paupers. This fact is quite overlooked by the Lunacy Board in its recommendation to remove 500 or 1,000 almshouse and family cases to the already filled State hospitals. The increase is made up, in the first instance, of first admissions,—the most recent and curable patients; if the hospitals are choked up with old incurable cases from almshouses, there will be no room for the new and curable; if those go in who have a fair chance of cure, there will be no room for the almshouse cases. You cannot both eat your cake and keep it; if there is only hospital room for 350 in a year, the public good demands that those shall be the curable,—not the remnants of long years of hospital stagnation without cure.

IV. Nor is there any considerable demand from the insane or their friends that the incurable, discharged for that reason, shall be again sent long distances from home to die in palace-hospitals or asylum-prisons. Rather is there a demand, as Dr. Baldwin told you, the other day, for asylum-room nearer the home of the wives, mothers, brothers and children of the insane. It is a great and needless cruelty to send the insane poor away even 20 miles from their faithful friends. That distance means the outlay of a dollar and the loss of half a day's work for every visit made to the patient; increase the distance to 40 miles, and you double the cost, and cause the loss of a whole day. This has been, in my experience, a great hardship to hundreds of the industrious poor; and it is also a considerable loss to the public. Visits become fewer, interest in the case is lost, and presently, when the man might be discharged, or must be, because his place is wanted for a new case, there are no friends to take charge of him, and he is shipped off to Tewksbury or Medfield, and remains a charge on the taxpayers for the rest of his life. On the contrary, in hundreds of cases, where such patients are taken to an almshouse or local asylum or boarded in a family, the friends have come forward and assumed the cost of support, relieving the public of the burden. If the taxpayers of the State wish to make hundreds of their neighbors prisoners for life, and pay for their prison-support, I know no better way than to vote for the bills before your committee.

V. And now comes in the consideration of increased cost, and its distribution among the heavily burdened taxpayers of Massachusetts. On the first of October last we had in this State about 7,550 persons under State supervision for insanity, of whom, nominally, only 837, or one-ninth, were supported by their own property, or by friends,—the other 6,713 being all, apparently,

paupers. Thirty-one years before, among the less than 2,500 insane persons under public supervision, 800, or almost one-third, were supported by their own property or their friends. In the intervening time, therefore, while the reported private patients have scarcely gained in number at all, the reported paupers have gained 5,000,—from 1,700 to 6,700,—that is, they have nearly quadrupled. Our whole population has doubled, the insane have trebled, but the paupers have quadrupled. This increase in the insane poor has immensely increased the cost of their support; and the proposed legislation would throw all that cost on the State treasury. How much is the bill at present?

Of the 6,713 paupers last October,—increased now to 6,850 or 6,900,—only 1,391 were reported as State paupers, leaving 5,324 then, and almost 5,500 now, to be affected by the provisions of this bill. Of these, calling them 5,500 (and they are increasing every day), 3,800 are in the nine State hospitals and asylums, where they cost an average of \$3.10 a week, or \$162 a year,—\$615,600 for the whole number. Of the other 1,700, there are in the Boston Lunatic Hospital 430, and in private families 200 or more; and these cost an average of \$3.50 a week, or \$182 a year,—in all, \$51,660. The other 1,070 are in local asylums and almshouses, where they cost, not \$2.46, as several persons have told you,—a mere guess,—but about \$2 a week, or \$104 a year,—in all \$111,280. The whole present cost of the 5,500 therefore is \$778,640 a year,—and before any law which you pass can take effect, it will be \$800,000. But if this bill is to become law, the State must instantly begin building for 500 more patients, at a cost, judging by Medfield, of \$600,000, to be expended in two years,—say \$300,000 a year,—and this increases the burden on the State tax to \$1,100,000 a year. By the time this job is done, the annual cost for support will have gone up to \$900,000, and it will again be needful to build for 600 more insane persons, at a probable cost of \$800,000,—for by that time it will be seen that small hospitals for the curable are imperatively needed,—and those cost \$1,500 or \$2,000 a patient. The sumptuous villas in which Dr. Cowles treats his private patients have cost from \$8,000 to \$10,000 for each patient; and at his last report he had cured 35 out of 271, or one in eight of his patients. Thus you will begin the new century, under this bill, with a yearly cost to the taxpayers of \$1,500,000, which will go on increasing, if the present policy is pursued, at the rate of \$150,000 a year.

Nor will this enormous cost to the taxpayers be equitably distributed, as Mr. Gardner and the tax commission innocently assume. "Let every tub stand on its own bottom" is a good maxim. Of the 350 towns and cities in the state, some produce very few insane in proportion to their tax-valuation, and still fewer of the pauper class; others, like Lawrence, Salem, Newburyport, Cambridge, Taunton, Northampton, produce a great many. In some localities the friends take pains to support their insane rela-

tives,—in others, they throw them early on the tax-payers for support. In some cities and towns the overseers take pains to collect the cost of the insane poor from the friends,—in others they neglect this duty. If all were turned over to the State, and immured in huge caravanseries, like those at Medfield and Worcester, this duty would be still more neglected, and the inequality in taxation would grow greater from year to year. You would have destroyed or paralyzed one strong arm of local self-government, and offered a premium on the neglect of relatives.

VI. What is the great argument for this costly and hurtful change of policy, depriving the municipalities of the control of their own affairs, and building still bigger this great state-house machine of boards, bureaus, institutions, commissions, etc. which in ten years has doubled the per capita cost of administration in Massachusetts, and is adding to our state debt at the rate of \$10,000 or \$15,000 a day, Sundays included? Why, the doctors come up here, as Shakespeare says sorrows come, "not as single spies, but in whole battalions" to tell us that every insane man is a sick man, (we could almost have guessed that, if we had ever seen one); therefore every insane man must have a doctor every day; and because doctors like better to have the State board them than to board themselves, these poor sick creatures must be brought to them, in hospital-palaces, rather than have the doctors go about to families and small asylums, to look after their patients. Well, suppose the insane are all sick,—must the whole class of sick persons be crowded into hospitals? must they have the doctor every day, Sundays included? and must the State foot the doctors' bills? The argument proves too much. Why, these same doctors are raising a cry in all our large cities, that people are getting their medical treatment for nothing, from the public or endowed hospitals and dispensaries; the charge is true; but here they come asking that one big class of the sick shall be taken out of the reach of local physicians, and treated exclusively at the cost of the taxpayers. Well, let us see how much medical attention the inmates of our palace-hospitals and asylum-prisons do receive under the present dispensation.

During the past year there were detained in the nine State hospitals and asylums an average of 5,083 patients; there are now 5,800 in the same. The whole number of physicians and assistants to give them medical diagnosis and treatment was 33. Assuming that each one of these had an equal number of patients, that he worked ten hours a day, and could traverse the miles of distance that the huge buildings make unavoidable, with the speed of light; he would have 600 minutes for an average of 154 patients,—about *four minutes* for each. But in fact, the physicians who attend to this duty are less than 30, which would give each one at present 200 patients a day, and reduce the average time for treatment to *three minutes*. Fortunate has it been for many patients, in my long experience of asylums, that the time was so

short ; a longer treatment would have caused the death or permanent insanity of many patients. "All deacons are good," said the musing Yankee,— "but there's a difference in deacons." I knew one physician in a State asylum who shut up her patients in a sick hospital and dosed them to death ; they died faster than patients ever died before or since, in a Massachusetts almshouse. I knew another physician who, "for medical reasons," as he testified here, imprisoned female patients for weeks in solitary cells, with no furniture by day except their night-bucket. And I have never known the best physician of my acquaintance, in our public hospitals and asylums, (I have known not less than 100) to cure one in six of his patients. At present the recovery rate in the best hospitals is from one in 21 to one in 12 ; the latter at Westboro. At Taunton and Worcester it is but one in 16, at Danvers one in 18. If therefore, Mr. Gardner or any one else expects this bill to promote recoveries, it must be so changed as to give a better chance for recovery. More doctors will not do it, unless you put the patients into smaller asylums, and subject them to earlier treatment than they now receive. This can only be done in local asylums ; our experience for the past 30 years proves that great hospitals, however palatial, will not promote recovery. You may, salary pathologists and psychologists by the score,— they are useful in their way,— but they cannot revive a dead body, or promote recovery where the disease has gone too far. Far more effective for the cure of patients than pathologists or physicians are skilful nurses, with the means of giving their patients good care, kind treatment, suitable employment, and those favorable surroundings which great hospitals are certain to lack in some points,— often in all. On the contrary, small asylums, with much land, as in Wisconsin, and, in many cases, boarding in families, secure the virtual recovery or self-support of a greater number of patients, in proportion to the cases, than large asylums have ever done. Ten years ago last October, when I had placed in families 102 insane persons, 17 of them had become self-supporting, and 11 had virtually recovered,— more than ten per cent. of the whole number. Judging by some figures recently furnished by my successor, Dr. Woodbury, to the editor of the *American Journal of Insanity*, the later results of boarding-out have been even better ; for out of 450 cases in 12 years, it is stated that 73, or nearly one-sixth (16½ per cent.) have virtually recovered or become self-supporting.

VII. The sight of those doctors who came before your committee to ask for the sending of the insane poor to huge hospitals recalled to my mind a transaction I had almost forgotten, but which is worth mentioning as showing the class-spirit of the physicians who claim for themselves the exclusive charge of the insane, with the intimation that they alone can cure them. There were in the Tewksbury Asylum in 1886 three chronic insane women, who had been under the hands of several doctors from six to ten

years,—so long that all record of their friends was lost, and all hope of their recovery given up. They were not even self-supporting at the low rate of cost then prevailing in Tewksbury,—\$2.10 a week; for the whole three did not earn by their labor \$1 a week. They were noisy, dejected, uncomely, and when Miss Alice Cooke, a Tewksbury nurse, selected them to board in her mother's family at Sandwich, the superintendent and myself were surprised at her choice. She took them to the plain and neat country home of her mother and sister, gave them good food, good beds, more freedom, and the household employment to which alone they had been bred. Instead of the dismal company of 100 uncouth companions, these good women gave them their own cheerful and Christian companionship; working with them, walking with them and talking with them. In a few months they became self-supporting, and happy; their disagreeable habits were corrected, their dress was well cared for by themselves, they experienced, what to women is indispensable, and what they had missed for years, the affection which one pitiful woman feels for another in distress. They were, in fact, virtually recovered; two of them still remain, after nearly 11½ years, in the same household, which nothing would induce them to leave; the third, falling into a mortal illness in her old age, was nursed by Miss Cooke for months, and finally sent back to the Tewksbury hospital, when the nature of her illness made it necessary, and died there.

Now these general facts were well known; it was certain that Miss Cooke had cared for her patients as they had never been cared for before and in the administration of Gov. Brackett, I think, she made application for a license to receive insane women, and keep a small private asylum. I supported her application by a personal call on the Governor, with a reputable physician of Sandwich, who attended her patients when they needed a doctor. The Governor heard us courteously, seemed to believe what we told him, and which nobody could deny; but he took from his desk and showed us a new petition, got up to prevent this competent woman from receiving a license, and asking that such should only be given to physicians,—and by whom was it signed? By Dr. Walcott of the State Board of Health, Drs. Channing and Stedman, keepers of private asylums,—I think by Dr. Folsom of this recent State Commission,—and by five or six other physicians of this vicinity. The Governor then said, "I do not see how I can grant the license you seek for Miss Cooke, in the face of this paper,—especially as the Board of Lunacy and Charity also oppose it."

The license was not granted, nor did this kind friend of the poor get one until three years ago, when the vigorous assault made on the omniscience and omnipotence of the State Board of Lunacy and Charity by the Lyman School trustees happened to coincide with the presence of that firm supporter of family care for the insane, Hon. Alvan Barrus, in the Council, and of Miss

Cooke's physician, Dr. White, in the Legislature, and on this Committee. She then renewed her application, the Board withdrew its hostility (which had grown out of her refusal to co-operate with them in violating the law and returning her poor patients to the almshouse); Mr. Barrus stated the case to the Council, and that was done in 1895, which justice and honor required in 1890. Had Miss Cooke been that unhappy woman, a titular M.D., who in 1875, as physician at Tewksbury, caused the death of many insane women by her ignorance, applying for a license, it may be that the State Board would have opposed it; but it is quite certain that the physicians in question would have got up a protest on the ground that she was incompetent, only upon the clearest evidence and the strongest urging. So quick and aggressive is the *esprit de corps* of the members of the medical and psychological societies.

What then is the alternative to this costly, injudicious, ill-considered and really impracticable plan of Mr. Wharton's commission? They have themselves furnished a key to it, by recommending that the State may acquire the buildings, or some of them, which the cities and towns are now using for their chronic insane poor, and may thus distribute the insane in small asylums, instead of aggregating and aggravating them in caravansary villages like that in Medfield, or in sumptuous palaces like that in Worcester. This is the Wisconsin plan, carried on for sixteen years in that State, with complete success, and now likely to be adopted in Indiana and Minnesota; perhaps in Illinois and Pennsylvania. It provides for hospitals really curative to receive the curable, and for numerous small local asylums for the chronic, with great farms, and much employment at real work, productive of crops and income,—productive also of better health, and sometimes of recovery in the working patients. In Wisconsin it is a county plan, and there are 25 such asylums, well distributed over the State; these now contain something more than 3,000 patients, with more than 7,000 acres of land; yet they have all cost in the aggregate, less than we have paid for our single Danvers Hospital, with its 900 inmates and 500 acres of land. Moreover, they provide for the rapid increase of insanity, so that the buildings are seldom crowded. They do this by opening a new one every year, or oftener,—promptly built, and not, like our palaces and caravansaries, requiring five or six years to complete, and always overrunning the appropriation. The State and the counties of Wisconsin co-operate, and both save money by the plan; the State paying less for the board of its insane than it formerly did in the State hospitals, and the counties receiving from the State enough money to pay the cost of buildings,—which, as you see, is not excessive. I cannot do better than to quote here the words of Dr. H. M. Wetherill, (who holds in Pennsylvania the position corresponding to Dr. Woodbury's here), in his last report to the Pennsylvania Board of Charities, who indorse it in their annual volume:

"The Wisconsin system has been unjustly criticised and its beneficent results doubted or wholly denied, by many who did not take the trouble to visit that State and acquaint themselves with its operation. I am able to report, after a visit, that all the advantages claimed for it are true; that it is an excellent system of care and maintenance, a decided success in Wisconsin, and well worthy of consideration and trial in Pennsylvania. It has rendered possible the true hospital care and treatment of the acute cases in the hospitals,—which are no longer mixed asylums, and are performing excellent medical service, it has vastly improved the condition of all classes of the insane, and has accomplished this at a saving to the State of millions of dollars."

I have three times visited Wisconsin to look into this system, have studied it carefully in its results, and quite agree with Dr. Wetherill. But no one of the Board of Lunacy, nor of Mr. Wharton's commission, nor of the physicians who appeared before you to advocate this bill, have ever visited that distant State to see what has been done there; they run across to England and Germany, and tell us more or less of their observations; but Wisconsin is to them a sort of Galilee of the Gentiles. "Can any good thing come out of Wisconsin?" they seem to say. Well, Gentlemen, there it is,—any man may see for himself; and we commend it confidently to your imitation and improvement.

So too with the boarding-out system, which the present State Board have smothered, as the unnatural mother serves her own infant; and which the Commission faintly name as possibly useful. It has flourished in Belgium and Scotland for many years; it is spreading into Germany, France, England, and other European countries, and it solves some of the most difficult problems of insanity. I planted it with these hands in Massachusetts, with the entire approval and support of Gov. Talbot, Mrs. Leonard, Moses Kimball, and the enlightened members of the State Board,—and but for the spites and prejudices of their ignorant successors, we might now have 1,000 insane boarding happily in families, and saving to the taxpayers the cost of buildings for that number of the crowded inmates of our asylums. The money of the State, instead of supporting groups of salaried officials, in costly and pompous structures, would go to humble householders in hundreds of rural towns, and would do something to check the abandoning of farms and the flocking of our people to the cities, where every reverse of business throws thousands out of work, and hundreds upon the pauper list. As in the case of the Wisconsin asylums, I speak of this with the assurance of experience; for I have twice visited Scotland and Belgium to see the system in its birthplace; and I know it succeeds there, and has succeeded here, so far as the cold and stingy method of the present State Board has permitted it to have a chance. In three years I overcame its first difficulties; it never could have had other serious ones, if the hearts of the State Board had been for it. They tolerated it be-

cause they did not dare to give it up ; but they let it slowly starve, by neglect and indifference. Give it a fair show, and it will soon become an important part of our system.

The increase of insanity cannot be stopped ; under our present methods it cannot even be checked, but will apparently go on faster, as has been the case for ten years past. But if we adopt a modification of the Wisconsin system, building asylums of moderate size in six or eight localities or districts, and using the existing hospitals and asylums as they can most serviceably be utilized, — at the same time building small curative hospitals, similar to that now going up at Westboro, and extending the boarding-out method, — we shall be in the best condition to confront this steady accumulation of the chronic insane. One of these new hospitals should be built at once in the rural part of Boston ; another, soon after, within ten miles of Boston, to receive the recent cases from Middlesex and southern Essex, a third in the Connecticut Valley. They may be either branches of existing hospitals, most of which, perhaps all, are now under good medical management, — or may be separate establishments, and should be erected at the State's expense. But the cost of supporting the patients should remain as now, divided between the State and the towns ; and the same should continue in the existing asylums. New asylums might be also built by the State for the chronic insane, at convenient inland places ; but the cost of supporting the inmates be shared, as now, between the towns and the State.

And here let me say that I mean no disrespect to physicians who devote themselves seriously and self-sacrificingly to the daily care of insane patients. I honor and applaud them ; but, in a long acquaintance with scores of them, I have not found their opinion as to the economic management of the insane class either unanimous or infallible. The very nature of their duties leads them to look at the present good of the individual patient, rather than the general interests of the whole body of the insane poor. As a profession, they show personal courage with much timidity of opinion, especially in opposition to their class traditions. The reformation of insane treatment has been wrought by a small minority of medical men, allied with bolder spirits in other pursuits, — and almost always against the opposition of the mass of the profession. Non-restraint, the giving up of punishments and drugs of power, the training of nurses, the steady employment of patients in real work, — all these beneficent changes had against them for years the majority of the doctors of physic. This was largely because doctors in general do not understand insanity ; and one of the greatest reasons for small and local asylums is that they give to many general practitioners the experience needful for a real knowledge of this common disease, which has so long been regarded as mysterious and even disgraceful.

We need experienced physicians in all parts of the State, and not merely in great cities and big asylums, to examine and certify,

to prescribe and practise in cases of insanity; and the only sure way to have them is to make the local care of the insane more common, instead of less so. We shall never accomplish much in the prevention of insanity, until the general practitioner knows much more about its indications and varieties than is now the case. Exclusiveness in this matter, or in the general care of the public health, does far more harm than good.

Nor do I object to the class of officeholders in the state service, provided they devote themselves closely to their duties, and do not make their office a mere chapel of ease, or a stairway to political advancement. But who can help seeing that the officeholder and the office-seeker are among the dangers of our state and country? Concentrated in a class, they resist reforms which deprive them of salaries, and are constantly seeking to increase offices and salaries. To keep this class small, and rather too ill than too well paid, is the true interest of a republican people; we do not want to create a permanent bureaucratic order, nor to give them palaces and castles for their abode.

VIII. To sum up:

If you wish to retard the recovery of the curable insane, and increase the discomfort of the incurable,—thus both adding to the sum of insanity, and to its miseries,—vote for this bill:

If you wish to separate the poor from their families and friends, destroy local self-government in one great branch, and pile up the state tax by millions,—vote for this bill:

If you wish to increase the large army of state officials, provide fat places at our expense for young doctors who have had no time to succeed, and older ones who have not succeeded,—at the same time impeding local physicians from acquiring that knowledge of insanity which every general practitioner should have, but which many of them now lack,—vote for this bill:

If you wish to encourage the members of a single profession in the belief that all which is needful to obtain legislation affecting all occupations for their single benefit, is to get together in small numbers and pass votes which the General Court must ratify, under penalty of being set down as foolish rustics, obstructing the progress of science,—by all means vote for this bill, and for another pending bill in which a medical state official hopes to find means to extort a fee or a howl from some hundreds of his fellow-citizens, under the plausible name of 'registration':

If you approve the fallacy by which the name of 'State care' is denied to five sixths of our insane poor who are now in well-managed State hospitals and asylums, and made to apply to the other sixth, mostly well-cared for now in local asylums and almshouses,—from which it is proposed to remove them to great asylum-prisons, for life imprisonment or a speedy death, (which in such cases is apt to follow any considerable change of circumstances),—then vote for this bill with your eyes shut to existing facts:

If you cherish that other fallacy, under the influence of which New York adopted its much-vaunted 'State care,'—that chronic insanity is equally curable with recent insanity, and should therefore be treated by physicians and pathologists and internes and nurses and 'experts' of all sorts, with a view to a recovery which experience has long shown to be practically unattainable,—then vote for this bill on the ground that all insane persons ought to be treated in the same manner, whatever the stage or nature of their malady :

If you wish to swell the number of these medical 'experts' who are now the plague of our courts, and the laughing-stock of all who know what insanity really is ; but are ready to take any view of a case for a high fee ; and if you believe, as Mr. Lee seems to, that the business of life in all its branches is to be carried on under the assumed omniscience of self-styled 'experts,' with the usual slight infusion of practical good sense which that class possesses,—then vote for this bill and half-a-dozen more that I have seen on your calendar this session.

But if you take counsel of practical experience, in this and other states and countries ; if you regard public economy and private equity and obligation ; if you mean to hold on to as much local self-government (the keystone of our whole republican structure of government), as the whirling maelstrom of modern life will allow ; if you prefer the good of the people at large to that of the fast-increasing, but still small body who are supported by the taxpayers, but are always seeking to draw power to themselves, with only a distant responsibility ; then you will let well enough alone, but will introduce a modification of the Wisconsin system, where things are not now well enough, in this serious and ill-understood matter of Insanity.



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